COVERAGES

Ider insu carr prov COV See

CERTIFICATE OF LIABILITY INSURANCE

-RIDRO2 OP ID: KK

DATE (MM/DD/YYYY)

07/10/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). See "Endorsement" on the back of this Certificate of Liabiity Insurance CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL 801-924-1400 PRODUCER The "Producer" is the contractor's
The Presidio Group; Inc.
5295 South 300 West #550
produces the Contification PRODUCER 801-924-1441 Salt Lake City, UT 84107 produces the Alan W. Lord CRM, CIC, CWCA Insurance. produces the Certificate of Liability ADDRESS: NAIC# **INSURER(S) AFFORDING COVERAGE INSURER A : Employers Mutual Casualty 21415 Identifies the insurance INSURER B: Colorado Casualty Insurance carriers providing 41785 The "Insured" is the name of INSURED Ridge Rock, Inc. 6611 S Cottonwood Street the contractor. The contractor's coverage. Each carrier INSURER C Murray, UT 84107 name must be identical to the must have an AM Best INSURER D: contractor's name on the rating no less than A-IX. INSURER E: contract.

INSURER F

CERTIFICATE NUMBER:

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;	TH	IS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HAVE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR THE	HE POLICY P	ERIOD	
	CF	DICATED. NOTWITHSTANDING ANY RI	PERT	AIN.	THE INSURANCE AFFORDED BY	THE POLICIE	S DESCRIBEL) HEREIN IS SUBJECT TO	J ALL THE I	IERMS,	
1	EX	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE BEEN F	REDUCED BY	PAID CLAIMS.	Limits must match th	e limits set	t forth in	
=	INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER .	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Exhibit A. LIMITS			
Identifies		GENERAL LIABILITY						EACH OCCURRENCE	s 1	1,000,000	
insuranc	₽A	X COMMERCIAL GENERAL LIABILITY	Х		4X74919	05/06/12	05/06/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
carrier		CLAIMS-MADE X OCCUR				Identifies the		MED EXP (Any one person)	\$	10,000	
providing coverage						and expirati		PERSONAL & ADV INJURY	\$ 1	1,000,000	
See "Ins					•	the insurance Policy must		GENERAL AGGREGATE	\$ 2	2,000,000	
Affording		GEN'L AGGREGATE LIMIT APPLIES PER:			1	at the comm		PRODUCTS - COMP/OP AGG	\$ 2	2,000,000	
Coverag	e" **	X POLICY PRO- LOC				of the project	t/work.	Emp Ben.	\$ 1	1,000,000	
30		AUTOMOBILE LIABILITY			4X74919	05/06/12	05/06/13	COMBINED SINGLE LIMIT (Ea accident)	s 1	1,000,000	
0.40	A	X ANY AUTO						BODILY INJURY (Per person)	\$		
i		ALLOWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
ř		X HIRED AUTOS X AUTOS						PROPERTY DAMAGE (Per accident)	S		
ē		AUTOS							\$		
A.		X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	s 2	2,000,000	
÷	A	EXCESS LIAB CLAIMS-MADE			4X74919	05/06/12	05/06/13	AGGREGATE	\$ 2	2,000,000	
ř		DED X RETENTIONS	1						\$		
*)		WORKERS COMPENSATION			WC8642917 UT	04/01/12	04/01/13	X WCSTATU- OTH-			
** *	В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	s 1	1,000,000	
3.5	_	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	Α	Equipment Floater	1		4X74919	05/06/12	05/06/13	L&R Equip		50,000	
	1							Ded		1,000	
:											

This "Description of Operations" box may also reference the work/project i.e. "RE: Falconway and Sandy Creek Drive Traffic Calming Project."

of this Certificate of Insurance.

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SANDC12

Sandy City Corporation 10000 Centennial Parkway Sandy, UT 84070

Sandy City must be the named "Certificate Holder," not your department.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Subject to the terms and conditions of the policy.
Sandy City Corporation is shown as an additional insured per form CG7174.3
1-08, regards to general liability.
RE: Falconway and Sandy Creek Drive Traffic Calming Project.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CANCELLATION

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A "Blanket Additional Insured"

endorsement must accompany the Certificate of Insurance. See the "Endorsement" on the back side

REVISION NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED – CONSTRUCTION CONTRACTS **INCLUDING COMPLETED OPERATIONS**

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured any person or organization when you have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions;
 - The acts or omissions of those acting on your behalf:

in the performance of:

- a. your ongoing operations for the additional insured; or
- b. "Your work" for the additional insured and included in the "products – completed operations hazard".
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury," provides the services "property damage" and "personal and advertising set forth in Paragraph injury" arising out of the rendering of, or failure to render, any professional, architectural, engineering or surveying services including:

- a. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- b. Supervisory, inspection, architectural or engineering activities.
- C. The limits of insurance applicable to the additional insured are those specified in the Declarations of this policy or in the written contract or written agreement, whichever is lower.
- D. Any coverage provided hereunder shall be excess Exhibit A over any other valid and collectible insurance requires available to the additional insured whether that insurance is primary, excess, contingent or on any "insurance other basis, unless you and the additional insured to be have specifically agreed in a written contract or primary." written agreement that this insurance be primary.

When coverage is provided on a primary basis we will not seek contribution from any other insurance available to the additional insured if a written contract or written agreement requires that this insurance be noncontributory.

E. All other terms and conditions of this policy remain unchanged.

When the contractor B, professional liability insurance will

also be required.

SEVEN COMMON MISTAKES WHICH MUST BE REMEDIED BEFORE THE RISK MANAGEMENT DIVISION CAN APPROVE YOUR CONTRACT

(Seven Items Which Will Cause A Delay in Getting Your Contract Approved)

- 1. The contract does not have an acceptable indemnification and hold harmless provision.
- 2. Submitting your contract to Risk Management for review without attaching Exhibit A to the contract.
- 3. Submitting your contract to Risk Management for review without attaching the required certificate(s) of insurance, "blanket additional insured" endorsement and applicable payment and performance bonds. See attached certificate of insurance and "blanket additional insured" endorsement.
- 4. The name of the contractor your department is contracting with is not identical to the name of the "insured" on the certificate of insurance.
- 5. The insurance carrier(s) identified on the certificate of insurance or the insurance carrier who issued the payment and performance bonds does not have an AM Best rating of A- IX or better.
- 6. The insurance policy limits do not meet the Exhibit A insurance requirements.
- 7. One or more of the insurance policies has expired.